STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 390258 NAME OF PROVIDER OR SUPPLIER: ST. MARY MEDICAL CENTER STATE LICENSE NUMBER: 710201		STREET ADDRESS,	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: DDRESS, CITY, STATE, ZIP CODE: NGHORNE-NEWTOWN ROAD ORNE, PA 19047		(X3) DATE SURVEY COMPLETED: 07/07/2023	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE		COMPLETE
Infusion Pumps, beging Mary Medical Center compliance with the repensel Pennsylvania Department Regulations for Hosp	This report is for new equipment, Alaris Smart Infusion Pumps, beginning on July 7, 2023. The St. Mary Medical Center attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended					
LABORATORY DIRECTOR'S OR PROVIDER/SUPP	LIER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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Certified End Page

ST. MARY MEDICAL CENTER

STATE LICENSE NUMBER: 710201 SURVEY EXIT DATE: 07/07/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY